

2011 Military Health System Conference

Putting it All Together: The DoD/VA Integrated Mental Health Strategy (IMHS)

The Quadruple Aim: Working Together, Achieving Success

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Recommendations and Mandates



- To improve the care and services offered to Service members and Veterans, over 400 recommendations and mandates were created by:

Commission <ul style="list-style-type: none">• Veterans' Disability Benefits Commission (VDBC), August 2007• Presidential Commission on Care for America's Returning Wounded Warriors (PCCWW), July 2007	Congress <ul style="list-style-type: none">• National Defense Authorization Act (NDAA) for years 2007 - 2011
Task Force <ul style="list-style-type: none">• Task Force on Returning Global War on Terror Heroes (GWOT), April 2007• Mental Health Task Force (MHTF), June 2007	Review Group <ul style="list-style-type: none">• Independent Review Group (IRG), April 2007



Joint Executive Council (JEC)



- Mandated by Congress to oversee joint DoD/VA initiatives in February 2002
- JEC created the Health Executive Council (HEC) to manage all health related DoD/VA initiatives including PH/TBI recommendations and mandates



Senior Oversight Committee (SOC)



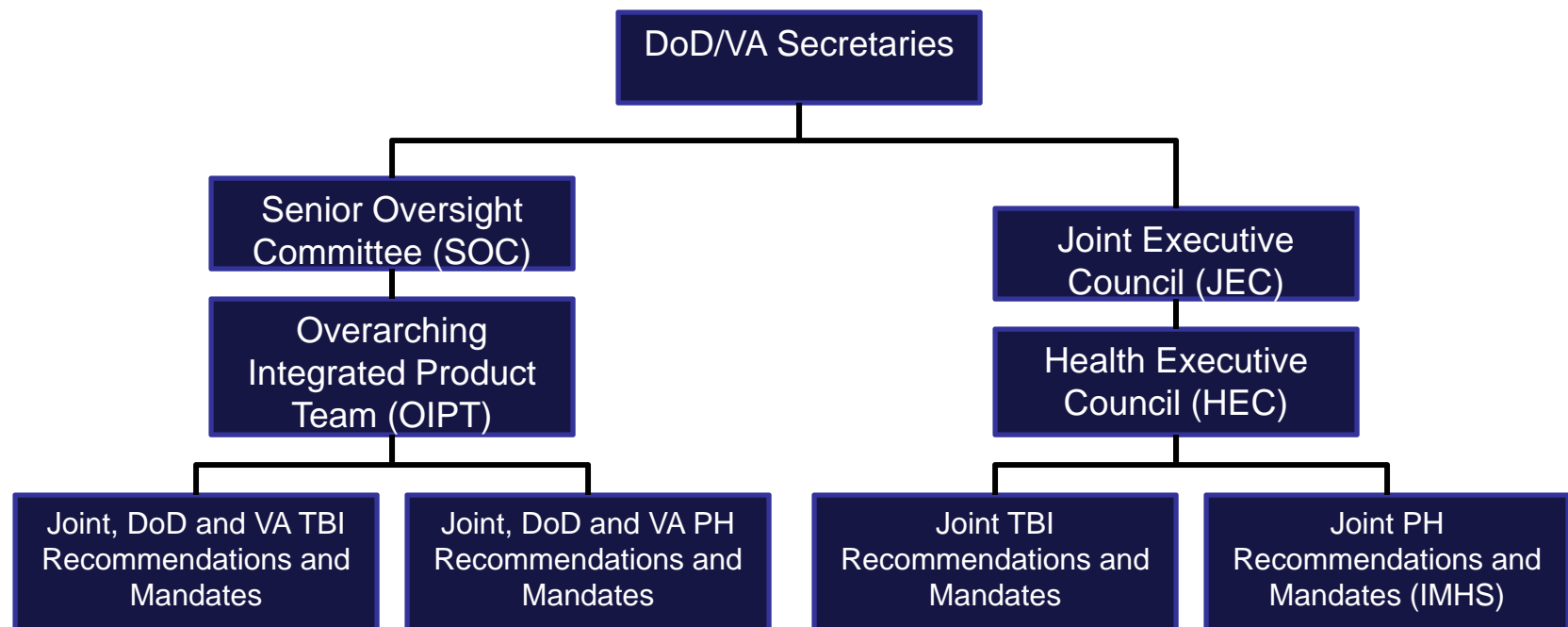
- Established by the DoD and VA Secretaries in May 2007 to address the care and services provided wounded, ill and injured Service members
- Consists of 8 Lines of Action
- Co-chaired by DoD/VA Deputy Secretaries, and includes:
 - Service Secretaries
 - Chairman or Vice Chairman of the Joint Chiefs of Staff
 - Others



Organizational Structure



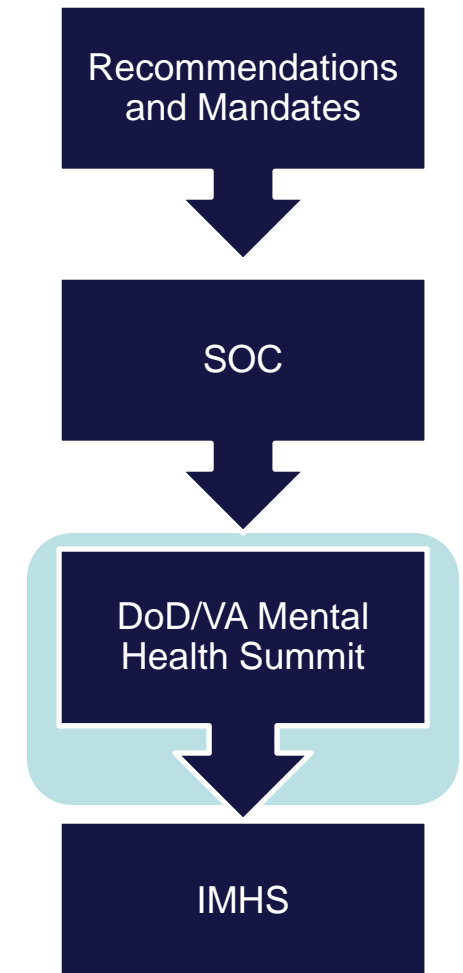
- All joint health related DoD/VA initiatives, including PH/TBI, are reported to the SOC and the JEC



DoD/VA Mental Health Summit



- In Oct 2009, DoD and VA held a Joint Mental Health (MH) Summit to address MH care needs of Military personnel, Veterans, and their families
- To address these and other recommendations the SOC asked for the development of joint DoD/VA mental health strategy in January 2010



Integrated Mental Health Strategy



- IMHS includes 28 Strategic Actions to promote:
 - Early recognition of mental health conditions
 - Delivery of effective, evidence-based treatments
 - Implementation and expansion of preventive services
 - Education, outreach, and partnerships with other providers, organizations, and agencies

Collaboration between the Departments is required to provide continuity and consistency of care



The MHS Quadruple Aim



- Experience of Care
 - Expanding access to quality MH care services
 - Striving towards seamless continuity of care
- Population Health
 - Advance care through community partnerships, education, and outreach
 - Expand services to include families, caregivers and communities



The MHS Quadruple Aim (cont.)



- Readiness
 - Implementation and expansion of preventive services
 - Improve early recognition of MH conditions to promote resilience and reintegration to the community
- Per Capita Cost
 - Enhance cost effectiveness of existing programs by identifying and reducing redundancies and leverage best practices



IMHS End States



- Expanding Access to Vet Centers
 - Extend access to VA's Readjustment Counseling Service to Active Duty Service members who have returned from OEF/OIF
 - Explore the feasibility and utility of adding additional Mobile Vet Centers to current fleet as needed



IMHS End States (cont.)



- Outcome and Quality Measures
 - Shared or coordinated use of outcome and quality measures of specific relevance to DoD and VA
 - Coordinated MH outcome and quality Measures across VA and DoD to allow for comparability of MH services



IMHS End States (cont.)



- Suicide Risk and Prevention
 - Coordinated training of VA and DoD staff to ensure utilization of best suicide prevention practices across the two Departments
 - Dissemination of materials to Service members and Veterans on suicide prevention resources, programs and tools
 - Crisis intervention services available to all Service members, Veterans, and families through coordination of DoD and VA hotlines

IMHS End States (cont.)



- *inTransition* Program
 - Enhanced continuity of care for Service members as they transition from DoD to VA systems
 - Increased awareness of *inTransition* program among MH providers, Service members and families
 - Increased number of enrolled Service members
 - Satisfactory ratings from enrolled members

IMHS End States (cont.)



- Sharing Mental Health Staff
 - Participating VA providers could be requested for detail to Military Treatment Facilities to meet surge needs
 - Utilize Telemental health networks to link mental health providers and individuals requiring evaluation or consultation

Takeaways



1. Educate yourself on PH/TBI related issues to understand the challenges we face
2. Share your knowledge with others to promote a culture of continuing education in your workplace
3. Identify potential areas for collaboration in your workplace to eliminate redundancies

Military Health System Conference



January 24 – 27, 2011

Gaylord National Resort & Convention Center
National Harbor, MD

TODAY

Tuesday
25 Jan

- **Keeping Tabs - DoD's Response to Psychological Risks: Lessons Learned from Health Assessments**
- **Putting it All Together: The DoD/VA Integrated Mental Health Strategy**
- **Coming Soon to an MTF Near You: Psychological Health Policy Initiatives**

- **Keeping Tabs** – Lessons learned from health assessment data collected to date; how to best address family readiness; how the new DoD mental health assessments will be incorporated into the deployment health assessment program; *The Way Ahead!*
- **Integrated Mental Health Strategy** – DoD and VA collaboration on 28 strategic actions in four strategic areas, and what it means to you
- **How New DoD Psychological Health Policy Initiatives Will Affect You** – Disaster Response Mental Health Teams: A new requirement at DoD installations; DoD, Service, and installation-level directors of psychological health policy